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21 January 1986
DDA 86-114

MEMORANDUM FOR: Executive Secretary

FROM: Chairman, Excellence Task Force

SUBJECT: [] "Model for Excellence"

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REFERENCE: Memo from ES to Chairman, Excellence Task Force,
dated 10 January 1986, Subject: A Recommendation:
"Model for Excellence"

1. The Excellence Task Force met on 15 January 1986 to discuss [] Model for Excellence. They felt that the accomplishment information provided was impressive and the multi-source excellence information he selected for his model clearly shows that his accomplishments are the result of thoughtful leadership.

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2. The excellence model [] has constructed is based on a small subset of available literature on management, creativity, planning, and other aspects of his model. The Agency makes every effort to expose its managers to a wide variety of information and ideas from which they can select that which is most appropriate to their own personalities and to their components. We have sent [] paper to [] Chief, Leadership Development Division/OTE for his review to ensure that all important points are covered in Agency training courses and management seminars.

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3. The Excellence Task Force requests that the Executive Director thank [] on our behalf and let him know that individual efforts like his are fundamental to achieving excellence as an organization. We appreciated the opportunity to read his paper.

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[]

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cc: Excellence Task Force Members

[]

- DCI
- DDI
- DDO
- DDS&T

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Central Intelligence Agency
Washington, D.C. 20505

26 December 1985

Executive Director

NOTE FOR:

C/R&SD/OMS

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SUBJECT : Your Model for Excellence

Dear

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Just a note to let you know that we are sending your package on excellence to the DCI with a note suggesting that he turn it over to his "Excellence" Task Force to see how it might best be applied.

Please accept my thanks for your thoughtfulness in preparing the model, and a pat on the back to all your colleagues who personified the model over the past three years.

Best of luck to you in your retirement.

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Central Intelligence Agency
Washington, D.C. 20505

26 December 1985

Executive Director

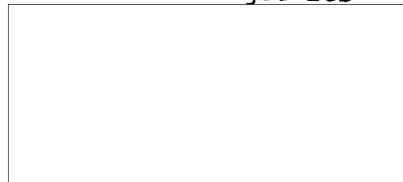
Executive Registry
85- 5028/2

NOTE FOR: DCI
DDCI

SUBJECT : Model for Excellence

The attached package, and other ideas/comments that have bubbled up over the past year, indicates that your campaign for excellence has struck a responsive chord in some quarters. While it's not at all clear to me what [] expects us to do with his model, we should be encouraged by the mere fact that he is concerned enough to put it together on the eve of his retirement.

In your absence, I sent the attached note to [] I suggest that you pass the package on to your "Excellence" Task Force to get its reaction/advice.



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Executive Registry	
86-	0098

10 January 1986

MEMORANDUM FOR: [redacted]
Chairman, Excellence Task Force

FROM: Executive Secretary

SUBJECT: A Recommendation: "Model for Excellence"

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A recent retiree, [redacted] of OMS, offered the attached package for consideration by the DCI. It has been reviewed by the EXDIR and the DDCI. As you will see, [redacted] sent [redacted] a note of acknowledgement and suggested to the DCI/DDCI that your group review it.

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Please take a look at this along the lines that [redacted] has suggested and return it, along with your recommendations and/or suggestions, to the DCI.

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Attachment:
As stated

ER85-5028 & /1 & /2



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Executive Registry

85- 5028

20 December 1985

MEMORANDUM FOR: Director of Central Intelligence

FROM:

Chief, Registrar & Support Division,
Office of Medical Services, DDA

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SUBJECT: Model for Excellence

You have demonstrated your commitment to excellence and have invited employees to directly communicate with you on the subject. Even so, I would ordinarily still opt to address you through channels (no surprise to line command). However, since both my boss, Dr. Ingram, and his boss, Mr. Fitzwater, are busy now clearing their desks for retirement, I am accepting your invitation to correspond directly.

Accompanying this memorandum is a Letter of Appreciation to the employees of the Registrar & Support Division, OMS and a Guideline. The guide is a basic model for excellence. The letter demonstrates that the model works. I make no claim on the successes of either. The guide is a distillation of bits, pieces and chunks of information gathered over several years, written in draft only (until now) and used as a referent from time to time. The accomplishments of the people are their own.

Actually, the performance of the people is not excellent - and they know it. They know that excellence, like spiritual perfection, is something sought but rarely attained. The guide is not a map to be followed. But rather, it is a collection of congruent ideas to be presented as counsel, when needed and in the appropriate form for the situation.

Read the package, you'll get the drift. Then, I ask you, drop in for about an hour for an unannounced shirt sleeves visit with the people (it'll probably scare the hell out of them). No one in the division will make a claim of excellence; more likely they will express frustration. Yet, I think you will get the sense that the spirit, the effort and the becoming of excellence that you seek for the Agency is happening in the Office of Medical Services.

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The front door to the Registrar & Support Division is at the
OMS reception desk. The acting chief will be [redacted]
[redacted] Your visit will boost the people more than would any
education and you will feel rewarded.

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6 December 1985

MEMORANDUM FOR: All Employees, Registrar & Support Division, OMS
FROM:
Chief, Registrar & Support Division
SUBJECT: Letter of Appreciation

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On 3 January 1986, I shall pass the flag to abler hands - I will retire. I want to thank you. So that you might know how deep felt my thanks is, let me recount the previous 3 years:

In June 1982 the Plans & Support Staff, OMS and the Registrar Services Staff, OMS were merged, becoming the Registrar & Support Division. Included in this reorganization was the Medical Systems Analyst and her two part-time clerical assistants. The MSA's office was isolated from the rest of the division, including her assistants, who literally did not have desks (on a space available basis they borrowed and shared one desk in the Clinical Activities Division). The Support Branch and the Registrar Branch were, like bookends, on either side of the Field Operations Division.

Ordinarily, in reorganization a component focuses inwardly. Missions and functions must be realigned and resources of all kinds; time, space, people, material, money, are reallocated. This was not the case in R&SD. The purpose in organizing the division was to provide the Director of Medical Services with a tool for enhancing the accomplishment of OMS' missions and functions and for embarking on new goals and objectives - R&SD would have to take care of itself after the needs of OMS were served.

So, from ground zero; no start-up time, cramped and physically dislocated, understaffed, and no preallocation of materials or money, what have we accomplished these past three years?

FY 83

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2. Expedited Summer Fellow applicant clinical and psychiatric screening.

3. Contributed to DDA Emergency Action Plan.

4. Contributed to further refinements of Agency applicant/CT processing.

5. Second year best DDA record for position and FTE management.

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7. Completed space renovation of FOD and R&SD.

8. Provided support to PSD renovation resulting in nine additional offices and testing rooms.

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11. Consolidated FAN Accounts resulting in less confusion and more meaningful trend reports.

12. Procured Wang Alliance System, new Holter, EKG, Eye, Audio and Hematology systems.
13. Coordinated change in WAE physical examination schedules.
14. Assumed administrative responsibility for Agency Exercise Program.
15. Automation and information management functions consolidated within R&SD as Information Management Branch is established (Oct 1983); functions and objectives of branch defined.
16. OMS Interface with the Agency's Human Resources System implemented.
17. Wang Alliance Office Automation System introduced and effectively utilized; OMS system administrators cited for their outstanding performance in bringing up and maintaining the system.
18. OMS invited to participate in the Release 1 testing and utilization of the Personnel Resources Information Management System (PRIM), giving us on-line access to the Official personnel files for OMS.
19. OMS selected to act as a "showcase" to the Agency displaying the effective use of automation tools, based upon its present situation and plans for the immediate future.

FY 84

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3. Modular furniture installed in IMB allowing us to locate four people in a space which previously would only accommodate two.
 4. Assisted in the management of OMS resources to keep functional activities on line while concurrently meeting multiple Agency surge requirements.
 5. Participated in obtaining GSM pay raise, indemnity clause for Independent Contractors and attainment of recruitment EOD goals for CTP (through June 1984).

6. Issued OMS Emergency Manuals to components.

7. Through PMCD survey, assisted in accomplishing goal of attaining position and grade structures that reflect the diversity of skills and broad-based knowledge required of OMS personnel; thus providing our employees with realistic career ladders which offer incentive to grow.

8. Analyzed functional and records keeping procedures and resource needs of SPD and PSD for D/MS.

9. Assisted in FTE/Position factoring project which provides OMS with clerical, MSO, MD and RN personnel resources to meet most all contingencies.

10. Backlog of medical records archiving largely eliminated and Summer Only medical records integrated with sponsor files.

11. Operation Uplift, Phase I, completed - an automated system in support of medical chart handling and patient scheduling designed to replace labor intensive procedures with computer technology.

12. Office automation equipment and software enhanced; Wang/VM/AIM interface established; library integrity insured; conference room calendar established.

13. Varian minicomputer phased out completely.

14. MEDSIGN enhanced to add easy query capability for users.

15. Diagnosis project built on existing patterns of illness database in RAMIS.

16. Laboratory and Nursing supplies entered on Wang for monitoring and reordering.

17. All laboratory devices with communications microprocessors connected to Delta Data's through switch boxes.

18. ADP equipment - interactive terminals, personal computers, communicating graphics devices, laser printer ordered in support of FY 85 goals.

FY 85

1. Increased supply and POV imprest funds thus providing more flexibility in handling surge requirements such as the purchase of equipment and accomplishing minor renovations and repairs.

2. Contracted with wholesale drug companies to buy direct via telephone which expedites drug and medical supply purchases and eliminates paperwork.

3. Secured equipment, supplies and provided minor renovation to Ames Building in support of clerical applicant screening.

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5. Fileroom area reconfigured with ergonomic system furniture and new partitions, making private interview room for the MRO, space for IPS away from traffic flow and more workstations for personnel.

6. Began using computerized shelf list for archiving medical records.

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7. Instituted liaison between the main fileroom and [redacted] fileroom for coordination of chart handling procedures; set up procedures on AIM for chart requests.

8. OUT cards for the fileroom charts automatically generated, replacing manual entry.

9. Procedures for online logging of 259's installed and implemented, eliminating the need for hand counting.

10. Made the cross-reference of IDs (name, SSN, medical chart number) available to those who need to know in OMS.

11. Installed and implemented telecommunications links from American Medical Laboratories to the OMS labs at headquarters and Stafford for the automatic transmission of blood analysis reports.

12. Acquired personal computers (10 IBM and 1 Wang) to expand computing capabilities and to support optical mark readers, laboratory microprocessors and external data base access; PC Administrator appointed to coordinate PC activities and assist users.

13. Installed and implemented the GTE Medical Information Network (MINET) for access via computer to up-to-date clinical and drug information and for training through Continuing Medical Education program.

14. Productivity data base design completed and set up on NOMAD; screen formats for the individual contributing components nearing completion.

15. In a joint effort with OIT, initiated long-range plans for project MIDAS, a medical information knowledge base using artificial intelligence that will serve as an expert system to assist physicians, to interact with patients, and eventually to serve field offices in real-time mode.

16. Completed a NOMAD data base for the Employee Assistance

17. Provided every research and assessment psychologist with an interactive terminal, thus expediting recruitment processing.

18. Installed a dedicated graphics terminal and pen plotter on the VM Interactive system, providing a visual dimension to analysis of our data bases; appointed a graphics specialist to assist users.

19. Began publication of the IMB Newsletter, designed to help the novice terminal user in OMS with problems, provide helpful hints and interpret systems news; continued publication of the Wang Newsletter.

Remarkable. The R&SD, when fully staffed (and we never have been), has a total work force of employees (full-time and part-time) comprised of administrative, support, budget and finance, logistics and medical requirements officers, systems development analysts, programmers, computer technicians, personnel and administrative assistants and clericals. Think about it, this mere handful of people has not only met its mission and functions obligations but has also played an important role in enabling OMS to meet all its missions and functions. Furthermore, this division has lent direct support to other offices of the DDA and the DDS&T and DDO directorates.

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In order to achieve these many accomplishments it required loyalty, hardwork, a willingness to sacrifice, and to give the extra effort when resources were pulled away from you. This was required of everyone of you; no room for slackers. You gave willingly, uncomplainingly and voluntarily. Neither your supervisors, branch chiefs, nor I can take full credit for motivating you to such superior performance. Such motivation comes from inside you; belief in yourself and in what you are doing.

For the coming years all three branches, each of you, have made plans to meet the new challenges and to attain new goal objectives for the office. It will be an exciting time going into the 21st century. I know you will do well.

Thank you all,



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EXCELLENCE GUIDELINES

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